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LAKWOOD, COLO.

2019 OCT 15 A 9:50



City Clerk's Office
Lakewood Civic Center
480 S Allison Parkway
Lakewood, CO 80226-3127
Phone: 303-987-7080
Fax: 303-987-7088
TDD: 303-987-7057

OFFICE OF THE
CITY CLERK

REPORT OF CONTRIBUTIONS AND EXPENDITURES

Full Name of Committee	Protect Lakewood
Address of Committee	PO Box 260411
City, State & Zip Code	Lakewood, CO 80226
Committee Type	Independent Expenditure Committee
Name and Address of Financial Institution	First Bank 550 S Wadsworth Blvd, Lakewood

Type of Report

Regularly Scheduled Filing

Amended Filing

This amends previous report filed on (date) _____

Submit changes or new information ONLY

Termination Report

(Termination Reports MUST have a monetary balance of zero in Line E)

Report Period Covered from October 12, 2019 through October 14, 2019

ITEMIZED CONTRIBUTIONS STATEMENT

Full Name of Committee		Protect Lakewood						
Reporting Period		10/12/2019 through 10/14/2019						
TOTAL CONTRIBUTIONS		\$ 63,139.19 (total amount is calculated based on the entries below)						
#	Date Accepted	Amount	Name	Address	City/State/Zip	Employer (If applicable, mandatory)	Occupation (If applicable, mandatory)	Electioneering Communication (Y/N)
1	10/12/19	\$ 9,139.19	Responsible Lakewood	12 Broadway #220	Denver, CO 80203			N
2	10/12/19	\$ 10,000.00	Cardel US Management	9110 E Nichols Ave, Ste 120	Centennial, CO 80112			N
3	10/12/19	\$ 7,000.00	Healing House Lakewood DBA Ascend Cannabis	10712 W Alameda Ave	Lakewood, CO 80226			N
4	10/12/19	\$ 9,000.00	Apartment Association of Metro Denver	7100 E Belleview Ave #305	Greenwood Village, CO 80111			N
5	10/12/19	\$ 10,000.00	CDN Red Rocks	9033 E Easter Place	Centennial, CO 80112			N
6	10/14/19	\$ 5,000.00	Jet Black Enterprises	5775 East 39th Ave	Denver, CO 80207			N
7	10/14/19	\$ 8,000.00	TDM	5005 S Federal Blvd	Englewood, CO 80110			N
8	10/14/19	\$ 5,000.00	Renaissance Solutions	5360 Manhattan Circle #200	Boulder, CO 80303			N
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ITEMIZED CONTRIBUTIONS STATEMENT

#	Date Accepted	Amount	Name	Address	City/State/Zip	Employer (if applicable, mandatory)	Occupation (if applicable, mandatory)	Electioneering Communication (Y/N)
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ITEMIZED CONTRIBUTIONS STATEMENT

#	Date Accepted	Amount	Name	Address	City/State/Zip	Employer (if applicable, mandatory)	Occupation (if applicable, mandatory)	Electioneering Communication (Y/N)
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ITEMIZED CONTRIBUTIONS STATEMENT

#	Date Accepted	Amount	Name	Address	City/State/Zip	Employer (if applicable, mandatory)	Occupation (if applicable, mandatory)	Electioneering Communication (Y/N)
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ITEMIZED CONTRIBUTIONS STATEMENT

#	Date Accepted	Amount	Name	Address	City/State/Zip	Employer (if applicable, mandatory)	Occupation (if applicable, mandatory)	Electioneering Communication (Y/N)
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ITEMIZED CONTRIBUTIONS STATEMENT

#	Date Accepted	Amount	Name	Address	City/State/Zip	Employer (If applicable, mandatory)	Occupation (If applicable, mandatory)	Electioneering Communication (Y/N)
108								
109								
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111								
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ITEMIZED CONTRIBUTIONS STATEMENT

#	Date Accepted	Amount	Name	Address	City/State/Zip	Employer (If applicable, mandatory)	Occupation (If applicable, mandatory)	Electioneering Communication (Y/N)
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ITEMIZED CONTRIBUTIONS STATEMENT

#	Date Accepted	Amount	Name	Address	City/State/Zip	Employer (if applicable, mandatory)	Occupation (if applicable, mandatory)	Electioneering Communication (Y/N)
152								
153								
154								
155								

STATEMENT OF NON-MONETARY CONTRIBUTIONS

Full Name of Committee		Protect Lakewood							
Reporting Period		10/12/2019 through 10/14/2019							
TOTAL CONTRIBUTIONS		\$ - (total value is calculated based on the entries below)							
#	Date Accepted	Fair Market Value	Name	Address	City/State/Zip	Description	Employer (if applicable, mandatory)	Occupation (if applicable, mandatory)	Electioneering Communication (Y/N)
1									
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STATEMENT OF NON-MONETARY CONTRIBUTIONS

#	Date Accepted	Fair Market Value	Name	Address	City/State/Zip	Description	Employer (if applicable, mandatory)	Occupation (if applicable, mandatory)	Electioneering Communication (Y/N)
13									
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STATEMENT OF NON-MONETARY CONTRIBUTIONS

#	Date Accepted	Fair Market Value	Name	Address	City/State/Zip	Description	Employer (If applicable, mandatory)	Occupation (If applicable, mandatory)	Electioneering Communication (Y/N)
27									
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ITEMIZED EXPENDITURES STATEMENT

Full Name of Committee		Protect Lakewood					
Reporting Period		10/12/2019 through 10/14/2019					
TOTAL EXPENDITURES		\$ - (total amount is calculated based on the entries below)					
#	Date of Expense	Amount	Name	Address	City/State/Zip	Purpose of Expenditure	Electioneering Communication (Y/N)
1							
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ITEMIZED EXPENDITURES STATEMENT

#	Date of Expense	Amount	Name	Address	City/State/Zip	Purpose of Expenditure	Electioneering Communication (Y/N)
12							
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ITEMIZED EXPENDITURES STATEMENT

#	Date of Expense	Amount	Name	Address	City/State/Zip	Purpose of Expenditure	Electioneering Communication (Y/N)
25							
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ITEMIZED EXPENDITURES STATEMENT

#	Date of Expense	Amount	Name	Address	City/State/Zip	Purpose of Expenditure	Electioneering Communication (Y/N)
38							
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ITEMIZED EXPENDITURES STATEMENT

#	Date of Expense	Amount	Name	Address	City/State/Zip	Purpose of Expenditure	Electioneering Communication (Y/N)
51							
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ITEMIZED EXPENDITURES STATEMENT

#	Date of Expense	Amount	Name	Address	City/State/Zip	Purpose of Expenditure	Electioneering Communication (Y/N)
64							
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LOANS

CANDIDATE COMMITTEE FUNDS TRANSFER FORM

This form is used by candidate committees established by the same committee for a different public office intending to transfer existing funds from an existing committee as defined by the Lakewood Municipal Code.

Full Name of Committee		Protect Lakewood				
Reporting Period		10/12/2019 through 10/14/2019				
TRANSFER FROM						
Full Name of Committee	Address (physical)	Mailing Address (if different from physical)	Phone Num	Fax Num	Email Address	Total Amount of Transfer
TRANSFER TO						
Full Name of Committee	Address (physical)	Mailing Address (if different from physical)	Phone Num	Fax Num	Email Address	Total Amount of Transfer
TRANSFER FROM						
Full Name of Committee	Address (physical)	Mailing Address (if different from physical)	Phone Num	Fax Num	Email Address	Total Amount of Transfer
TRANSFER TO						
Full Name of Committee	Address (physical)	Mailing Address (if different from physical)	Phone Num	Fax Num	Email Address	Total Amount of Transfer
TRANSFER FROM						
Full Name of Committee	Address (physical)	Mailing Address (if different from physical)	Phone Num	Fax Num	Email Address	Total Amount of Transfer
TRANSFER TO						
Full Name of Committee	Address (physical)	Mailing Address (if different from physical)	Phone Num	Fax Num	Email Address	Total Amount of Transfer

DETAILED SUMMARY

Full Name of Committee **Protect Lakewood**
Reporting Period **10/12/2019 through 10/14/2019**
Loans - Outstanding Balance, \$ **0.00**

TOTALS DETAILED SUMMARY

A	Funds on Hand at the Beginning of Reporting Period (Includes Committee Funds Transferred)	\$	
B	Total Monetary Contributions	\$	63,139.19
C	Total Monetary Contributions & Beginning Amount (line A + line B)	\$	63,139.19
D	Total Non-Monetary Contributions	\$	
E	Total Expenditures	\$	
F	Funds on Hand at the End of Reporting Period (line C - line E)	\$	63,139.19

Print Registered Agent's or Representative's Name Lynea Hansen

OR

Print Candidate's Name

Date Signed October 14, 2019

I certify that I have read and understand the campaign finance code, Chapter 2.54 "Campaign and Political Finance in Municipal Elections" of the Lakewood Municipal Code.

By submitting this form, I am certifying the above information to be true and correct, to the best of my knowledge.